CIVIC HOUSE
Trafalgar Street,
P.O. Box 645
Phone (03) 546 0200
NELSON

NELSON CITY COUNCIL

APPLICATION TO REGISTER DOG

For the period 1st July
to the 30th June

OWNER NO:

DATE OF APPLICATION: / /

OWNER DETAILS

Full Name
Address

Phone No. (Home):
(Work):
Occupation

IMPORTANT PLEASE READ

Please return BOTH copies of the application

DOG'S LOCATION *(if different)*

OLD TAG NO.	DOG'S NAME	COLOUR	BREED	SEX	NEUTERED?	AGE
						Y M
DISTINGUISHING MARKS / MICROCHIP NO:			OFFICE USE	NEW TAG		FEE
						Y M
DISTINGUISHING MARKS / MICROCHIP NO:			OFFICE USE	NEW TAG		FEE
						Y M
DISTINGUISHING MARKS / MICROCHIP NO:			OFFICE USE	NEW TAG		FEE
						Y M
DISTINGUISHING MARKS			OFFICE USE	NEW TAG		FEE

FOR OFFICE USE: Microchip Letter Sent Date / / INITIAL:

DOG'S NO LONGER OWNED / DECEASED OR NEW OWNER

DOG'S NAME ..... REGISTRATION TAG NO. ..... MICROCHIP NO. .....

NEW OWNER ....

& ADDRESS .... PHONE NO. .....

NEW DOG'S DETAILS:

DOG'S NAME ..... REGISTRATION TAG NO. ..... MICROCHIP NO. .....

PREVIOUS OWNER ....

& ADDRESS .... PHONE NO. .....

PLEASE CONTINUE ON A SEPARATE PAGE IF NECESSARY

IN ACCORDANCE WITH THE DOG CONTROL ACT, 1996 YOU ARE REQUIRED TO REGISTER ANY DOG(S) OWNED BY YOU BEFORE 1ST JULY.
OWNERS WHO FAIL TO REGISTER THEIR DOG(S) BEFORE 30TH JULY OF THE YEAR SHOWN ABOVE WILL BE LEVIED AN ADDITIONAL FEE.

I confirm that the above information relating to the dog(s) in my care is correct and I do not own or have in my possession any other dog(s).

MR MRS MISS MS Date of Birth / /
(Signed) _____

Date of Birth / /
(Signed) _____

DOG REGISTRATION FEE

Registration $
Disc $
TOTAL $

PLEASE RETURN BOTH COPIES COMPLETE